

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 14 July 2022 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
R Jamil (Ch) J Humphreys (DCh) P Godwin K Regan R Wood	A E Coates J A Glentworth	A Griffiths	C R Hickson

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRATS	Green
S Akhtar Shabir Hussain U H Khan J Lintern Mohammed	P W Clarke P G Sullivan	A Naylor	C Whitaker

VOTING CO-OPTED MEMBERS:

Susan Crowe - Bradford District Assembly Health and Well Being Forum
Trevor Ramsay - i2i Patient Involvement Network, Bradford District NHS Foundation Care Trust

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Notes:

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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Bryn Roberts
Interim City Solicitor

To:

Agenda Contact: Asad Shah, Committee Secretariat
Tel: 01274 432280
E-Mail: asad.shah@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct – Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members must consider their interests, and act according to the following:*

Type of Interest	You must:
<i>Disclosable Pecuniary Interests</i>	<i>Disclose the interest; not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensatic</i>
<i>Other Registrable Interests (Directly Related)</i> OR <i>Non-Registrable Interests (Directly Related)</i>	<i>Disclose the interest; speak on the item <u>only</u> if the public are also allowed to speak but otherwise not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensatic</i>
<i>Other Registrable Interests (Affects)</i> OR <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being (a) to a greater extent than it affects the financial interests of a majority of inhabitants of the affected ward, and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest;</i>

in which case speak on the item only if the public are also allowed to speak but otherwise do not participate in the discussion or vote; and leave the meeting unless you have a dispensation

- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Asad Shah - 01274 432280)

4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. ADULT SOCIAL CARE COMMISSIONING STRATEGY 2022 - 2027

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The Report of the Strategic Director of Health and Wellbeing

(**Document “B”**), sets out a draft of the new 5-year Commissioning Adult Social Care Commissioning Strategy for comment and discussion.

Recommended –

That Document “B” be noted.

(Jane Wood – 07970 273682)

6. ACT AS ONE BETTER BIRTHS IMPROVEMENT & TRANSFORMATION PROGRAMME

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Better Births is one of eight improvement and transformation programmes across Bradford District & Craven. We work collaboratively across sectors and organisations, to achieve our vision: *“Working together to improve experiences and outcomes of the pregnancy and birth journey across Bradford District and Craven”*.

The report of the One Better Births Programme (**Document “C”**) will highlight some of the key achievements of the past year and outline our future plans to improve the outcomes for maternity care across our place and reduce disparities in experiences by working as a whole system. It will also cover our place-based response to the Ockenden and MBRRACE-UK report recommendations.

Recommended –

That Members comment on and note the report

(Abbie Wild – 07861899895)

7. HEALTH AND SOCIAL CARE O&S COMMITTEE - WORK PROGRAMME

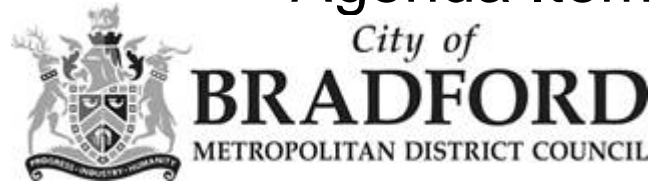
41 - 48

The report of the Interim City Solicitor (**Document “D”**) presents a draft work programme 2022/23 for adoption by the Committee.

Recommended –

- (1) That the Committee notes the information in Appendix A and that it, along with any amendments or additions is adopted as the Committee’s Work Programme 2022/23.**
- (2) That the Work Programme 2022/23 continues to be regularly reviewed during the year.**

(Caroline Coombs – 01274 432313)



Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 14 July 2022

B

Subject:

ADULT SOCIAL CARE COMMISSIONING STRATEGY 2022 - 2027

Summary statement:

In this report, we set out a draft of the new 5-year Commissioning Adult Social Care Commissioning Strategy for comment and discussion.

EQUALITY & DIVERSITY:

The new Strategy will contribute to the Council's equalities objectives in the following ways:

- **Leadership and commitment:** Through setting out a commitment to promoting equality and inclusion as one of the ways we will work over the next 5 years
- **Workforce:** We will look at how we work as a team, so everyone feels welcome, supported and able to work to the best of their ability for the people of the District
- **Service Design/Delivery:** We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities within the District.
- **Communities:** We will further develop our relationship with community networks to ensure their voice informs our commissioning approach, promote the role of the VCSE and improve our equalities data collection to ensure we're getting the right intelligence to inform our work.

Iain MacBeath
Strategic Director of Health and Wellbeing

Report Contact: Jane Wood
Phone: 07970 273682
E-mail: jane.wood@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

- 1.1 In this report, we set out a draft of the new 5-year Adult Social Care Commissioning Strategy for discussion.

2. BACKGROUND

- 2.1 The previous Commissioning Strategy for 2019 – 2021 has now ended. The strategy set out 5 key priorities
- Increasing early help & prevention services/offers
 - Developing further approaches to support personalisation, choice and control
 - Redesigning and recommissioning a range of statutory accommodation and support services
 - Reviewing and developing contract and quality management and financial administration services arrangements
 - Undertaking effective market shaping and facilitation and ensuring a sustainable and vibrant market
- 2.2 An update on delivery of this strategy was provided to the Committee in March 2022.

3. Report issues

- 3.1 With the recent expansion of the Commissioning and Contracts team, the decision has been take this time to set-out a 5-year strategy which focuses on the way the service will work.
- 3.2 The new Commissioning and Contract Strategy is still under development, and is being brought to the Committee now for comment and feedback prior to being finalised. A draft of the Strategy is attached at Appendix A.
- 3.3 Once consultation on the Strategy has been completed, a final version will be shared with Committee members for information.
- 3.4 Service Plans and Commissioning Intentions will be developed each year to set out specific activity, linked back to the principles set out in the new Strategy.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 There is no direct impact on the budget but as the Commissioning Strategy, Service Plans and Commissioning Intentions are delivered specific monitoring will take place to ensure that the spend remains within budget.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 There are no significant risks resulting from the implementation of the new Commissioning and Contracts Strategy.
- 5.2 Each commissioning project is managed by a team that includes commissioners, operational, finance, procurement and legal staff. To manage activities and

timescales there is a formal project plan, which includes a risk register, equality impact assessment and a communication plan which is monitored by the project team.

- 5.3 The project team reports progress to the Assistant Director and the departmental management team. Jointly commissioned projects report to the relevant joint boards.

6. LEGAL APPRAISAL

- 6.1 All commissioning will be carried out in accordance with Contract Standing Orders.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

- 7.1.1 Each commissioning project will take into consideration what contribution services can make towards achieving sustainability strategies in the District.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

- 7.2.1 Providers of commissioned services will be required to support the Council's commitment to reduce CO2 emissions through the standard contracting arrangements it enters into with Council.

7.3 COMMUNITY SAFETY IMPLICATIONS

- 7.3.1 There are no community safety implications arising from this report.

7.4 HUMAN RIGHTS ACT

- 7.4.1 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the rights of people. The fundamental rights include rights that impact directly on service provision in the health and social care sector. The 'ways we will work' set out in the Strategy support the commissioning of services that promote people's fundamental rights.

7.5 TRADE UNION

- 7.5.1 There are no Trade Union implications arising from this report.

7.6 WARD IMPLICATIONS

- 7.6.1 There are no direct implications in respect of any specific Ward.

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

- 7.7.1 Not applicable

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

- 7.8.1 Although the team works primarily with adults we recognise the role the services we commission play in people’s lives over time – including as they transition from children’s to adult services and supporting adults as parents. The implications for children and young people will be considered during the commissioning process.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

- 7.9.1 A full Privacy Impact Assessment will be undertaken to determine specific areas of UK General Data Protection Regulation (UK GDPR) and information security as part of the commissioning process. It is recognised that the potential for transfer of personal data might be significant when commissioning and procuring services.
- 7.9.2 There may be a need for partner agencies to share data however this would only be with the express permission of individual affected in the full knowledge of why and what it would be used for. UK GDPR principles relating to any individual’s data and rights under the Data Protection Act 2018 will be respected.

8. NOT FOR PUBLICATION DOCUMENTS

- 8.1 None

9. OPTIONS

- 9.1 This report is for discussion and information

10. RECOMMENDATIONS

- 10.1 That the Committee note the report.

11. APPENDICES

- 11.1 Appendix 1 - DRAFT Adult Social Care Commissioning Strategy 2022 – 2027.

12. BACKGROUND DOCUMENTS

- 12.1 Health & Wellbeing Commissioning Update and Intentions – Adult Social Care 2022 (<https://bradford.moderngov.co.uk/documents/s37282/HOSC17MarDocV.pdf>)

Adult Social Care Commissioning Strategy

2022 - 2027

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Purpose

This document is intended to outline the adult social care commissioning strategy for Bradford Metropolitan District Council's Health & Wellbeing department, adult social care over the next five years. The overall ambition for the Council is for Bradford residents to be happy, healthy and at home and to create a place where people have choice about their health and wellbeing.

To achieve this we need to work collaboratively with people who receive support, our providers, other partners and the wider community to understand our population, commission services that meet need and help people to achieve their goals and develop our local market in Bradford.

National Context

This strategy has been developed in time of significant pressure and change for adult social care. The COVID-19 pandemic has drawn further attention to the difficulties faced by those that use care and support services and the organisations that support them.

Much of our work is governed by the 2014 Care Act which sets out a number of key responsibilities of local authorities. These include ensuring that:

- People's wellbeing is promoted, independence is improved and that care providers and givers promote a person-centred approach to the care and support they provide.
- People receive services that prevent their care needs from becoming more serious, or delay the impact of their needs.
- People can get the information and advice they need to make good decisions about care and support.
- There is range of provision of high quality, appropriate services to choose from.
- Safeguarding duties are in place to protect adults at risk of abuse or neglect.

Going forward how, and what we will commission, will also be influenced by:

- The Health and Care Act: which introduces two-part statutory Integrated Care Systems and a new legal duty for the CQC to assess the performance of local authorities in discharging their 'regulated care functions' under the Care Act 2014.
- People at the Heart of Care White Paper: which sets out the Government's 10-year vision for transforming support and care in England, including funding reform and fair costs of care, a strong focus on the use of technology, improved integration between housing and health and social care and support for the social care workforce.
- Health and Social Care Integration; Joining Up Care for People, Places and Populations White Paper: which focuses on integration arrangements at place level and aims to accelerate better integration across health, adult social care and housing services.

Local Context

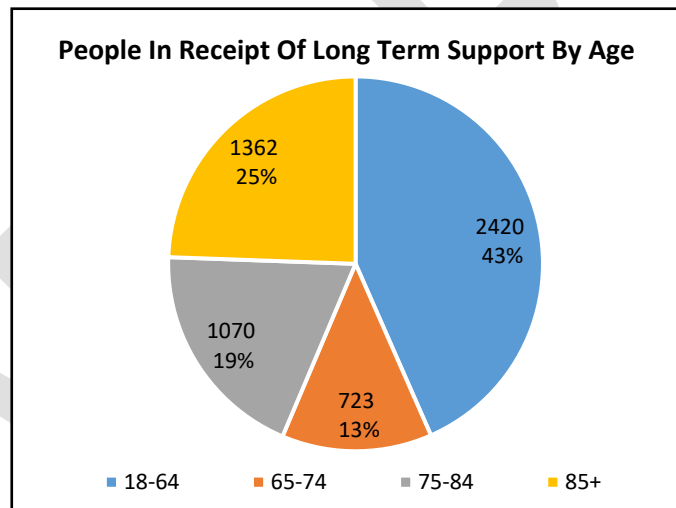
This strategy is informed by a range of local work plans and strategies, including:

- The Bradford Health and Wellbeing Strategy, 'Connecting People and Place for Better Health and Wellbeing (2018-2023)
- The Bradford Council Adult and Community Services 3-Year Plan 2021-2024
- Health and Wellbeing's 'Home First Strategy' (2016-2020)
- Buy for Bradford: A Strategy for the Bradford District Economy (2021 – 2025)

Commissioning work contributes to a number of partnership programmes with the West Yorkshire ICS and the Act As One Health and Care Partnership

Who receives support from commissioned services

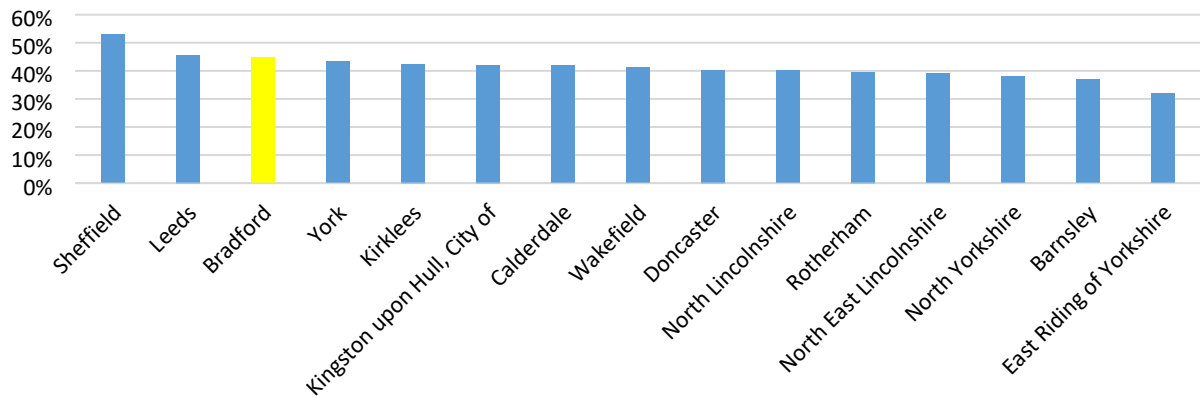
In 2021/22, there were over 5,500 people receiving long term social care services in the District.



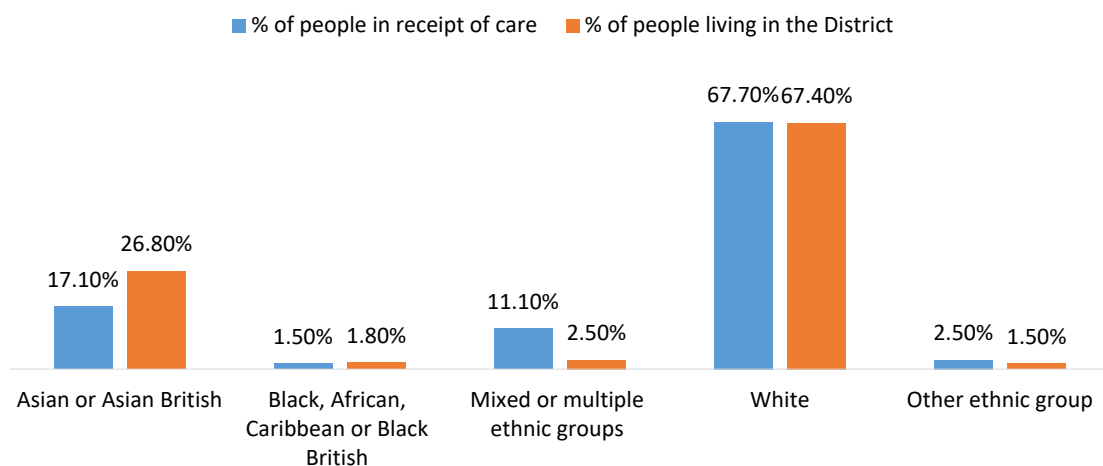
The majority of long-term services are provided to older people – 57% of people receiving support are over 65.

43% of people accessing long-term support are aged between 18 and 64. This is the 3rd highest percentage when comparing with other areas of Yorkshire and Humber, although the table below indicates that across the region most authorities are within a narrow range between 37% and 46%.

% People Accessing Long Term Care and Support who are aged 18-64. Bradford v Yorkshire and



People In Receipt of Long Term Support By Ethnicity



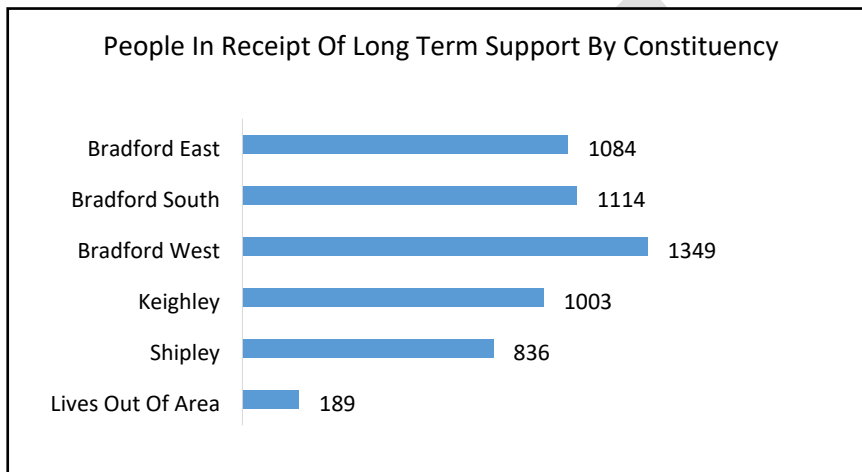
People in receipt of long-term services broadly reflect the wider population of Bradford in terms of ethnicity, except for people from an Asian or Asian British background where a smaller percentage are in receipt of support. The majority of services are currently commissioned on a District-wide basis and providers are asked to ensure services are accessible to the whole of the communities they are there to support. Within this strategy we set out our intention to improve our focus of equality and inclusion which includes understanding the potential barriers to support for some parts of our population and designing services that suit particular needs better, for example, additional support for family carers where older people are supported in multi-generational households.

In addition to those people receiving long-term support, around 500 people a year are also supported with short term social care services, such as reablement support and support following discharge from hospital.

We also commission services that support 2,000 people a year with housing related support and over 6,000 people to access their communities through early help and prevention services with many more supported through access to information.

Where people receive support from commissioned services

When looking at where people live, Bradford West has the greatest number of people accessing long-term services (1349) which is the equivalent of 16 adults per 1,000 in receipt of support. Shipley has the least (836) which is 11 adults per 1,000 receiving support.



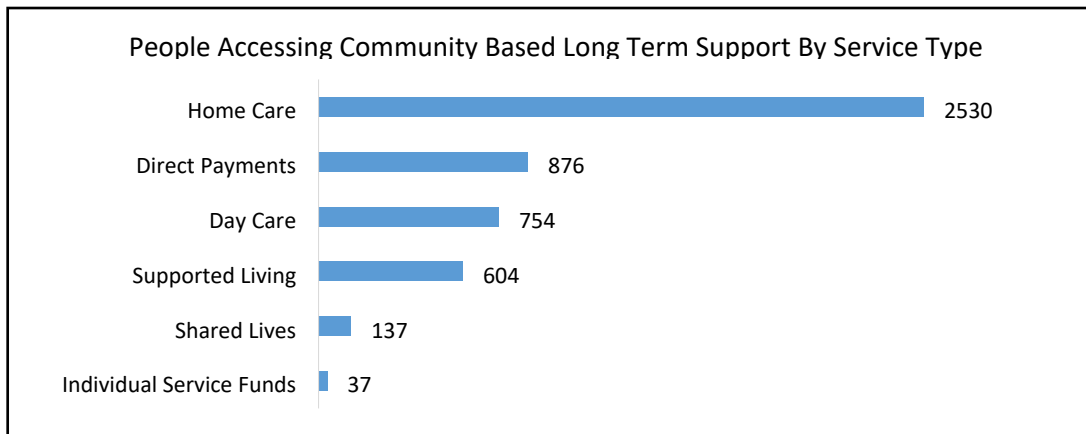
189 people living out of area also receive long-term support. These are people who have a local connection to Bradford and the Council have responsibility for under the Care Act, but who are living and using services in other local authority areas.

Links between levels of deprivation and long-term care needs need to be better understood. Exploration of the pattern of services and support across the District will be a consideration in our commissioning work.

Constituency	Share of Lower-layer Super Output Areas (LSOAs) that are "highly deprived"	No. adults receiving support per 1,000
Bradford East	58%	12.9
Bradford West	43%	15.5
Bradford South	34%	14.3
Keighley	23%	13.2
Shipley	5%	10.9

While the number of people accessing services has been relatively stable in the last 3 years, there has been a shift in the proportion of people accessing this support while living in their community. At 1st April 2019 70% of people accessing long term support lived in their

community, this rose to 75% by April 2022. This reflects our strategy of Healthy, Happy, at Home. We aim to continue this trend.



The ways we will work

The commissioning process is a set on interrelated activities to:

- Understand need of our local population
- Understand the organisations that could provide care and support ('the market')
- Design and develop models of services and ways to buy them that meet need, improve wellbeing, keep people safe and help them achieve their goals.

We have committed and skilled teams of commissioners and contract and quality managers working to develop better and better services and partnerships. We aspire to continue to improve, innovate and deliver best value over the next 5 years.

A Service Plan and Commissioning Intentions will be developed in each year, to set out the key priorities and deliverables for the Commissioning and Contracts and Quality Teams in the coming year. This strategy sets out the principles which will inform the ways we will work to deliver on our plans and intentions.

Co-producing commissioning and quality

- With the support of the new Co-Production Partnership, we will work to build co-productive approaches into all elements of commissioning and quality.
- This means that we will ensure that those who use services, their carers and families will be involved in the review, design and delivery of our work.
- We will ensure that the language we use and how we communicate with people using services, our providers and other partners is inclusive and accessible.
- We will make sure we have the right skills and access to resources within our team to do co-production properly.

- We will listen and learn, improving the way we work and ensuring we tell people about the difference their contribution has made.

Promoting equality and inclusion

- We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities within the District.
- We will work to improve the scope and quality of our equalities data across all protected characteristics, and how we use it identify need and spot room for improvement.
- We will complete meaningful Equality Impact Assessments that will inform the way we work.
- We will look at how we work as a team, so everyone feels welcome, supported and able to work to the best of their ability for the people of the District.
- We will be active in addressing inequalities in the District.

Outcome-focused services driven by choice

- We will commission services that take strength-based approaches.
- We will work with those who use services, their carers and families to design services that focus on outcomes, rather than outputs – ensuring that people get the right amount of care and support to meet need and achieve their ambitions.
- We will commission services that are flexible, and work when and where people need and want them.
- We will promote and improve Direct Payments and Individual Service Funds as key mechanisms for choice around support.
- We will work with social workers to ensure the range of services on offer are understood, accessible and respond to needs and outcomes identified in assessments and reviews.
- We will work with providers who put people who use services at the centre of what they do by handing over choice and control and ensuring their voices are heard.
- We will look at how we use outcome-based reporting so we can identify good and bad performance.

Recognising points of transition and life changes

- Although the team works primarily with adults we will recognise the role services we commission play in people's lives over time – and the different ambitions and needs people may have in early, middle and later adulthood.
- We will work alongside Children's Commissioning and the Preparing for Adulthood Team to ensure young people experience a smooth transition between children and adult service provision.
- We will work with the market to further develop a range of services that give people different options as their lives change and develop.

- We will ensure our services give everyone opportunities to develop skills and build relationships.
- Some people, and particularly older people, first access care services at a point of crisis, for example following a hospital admission. We will work with services to consider the impact this has on individuals and will promote support that helps people to retain or regain choice and control in their lives.
- We will develop our understanding of how services can support people through a wider range of life changes, such as bereavement, loneliness and ill-health.

Delivering innovation and creativity

- We will take the time to learn what has worked well for people using services in the Bradford District and elsewhere.
- We will actively engage with providers, researchers, think tanks and support organisations to be at the forefront of thinking in adult social care.
- We will use procurement and grants effectively to promote new ways of working.
- Where significant change is needed, we will take phased approaches to ensure we can bring everyone with us and support shifts in culture.
- If pilots are used, we will set realistic timetables and have a plan for longer term delivery if they are successful.

Promoting support that acts early

- We will actively consider ways to act as early as possible to prevent or delay the need for further care and support across all our service areas.
- We will commission services that offer support at the right time to help people learn or re-learn skills, build confidence and live as independently as possible.
- We will develop our own Early Help and Prevention Strategy to support this work.
- We will work with colleagues across the Council, including Place and Public Health, to commission in localities, join up services and consider where services and funding can have the biggest impact.
- We will consider how we can support wider Council priorities and strategies such as Anti-Poverty Strategy, the Bradford District Food Strategy, the Local Plan and work around Living Well.

Improving quality

- We will improve quality monitoring systems, processes and intelligence to support a proactive approach to improving quality.
- We will provide on-going support to the care sector to build effective relationships and support sustainability of provision.

- We will continue to re-shape the work of the expanding Contract and Quality Team to bring renewed focus on quality.

Identifying need and tracking impact

- We will review how we carry out needs analysis and set baselines to help us better understand the impact of what we commission.
- We will work with colleagues to improve data quality available to us in the Council and from our providers.
- We will support providers to tell us about their successes and areas for improvement.
- We will work alongside Health and Public Health colleagues to make better use of population health and health inequalities data.
- We will ensure we have the right support, skills and resource to effectively understand need and track impact and use data to inform decision-making.
- We will take action to promote what works, and stop what doesn't.

Promoting Voluntary, Community and Social Enterprise (VCSE)

- We will work to create a relationship with the sector based on trust and learning.
- We will promote the role of the VCSE in the delivery of services.
- We will develop the COMPACT in conjunction with VCSE colleagues.
- We will support the development of inclusive procurement approaches.

Supporting workforce development

- We will recognise and value the care sector workforce through the way we commission and pay for services, and the support we offer to the sector.
- We will take a strategic approach to workforce planning, shaping and commissioning when reviewing or designing services.
- We will work with providers to create representative and diverse workforces.
- We will take forward our Workforce Development Strategy.

Partnership working with Providers

- We will continue to work in partnership with the Bradford Care Association as the voice of providers in Bradford.
- We will foster open and positive relationships and communication with our providers.
- We will actively engage with the market throughout the commissioning process and encourage the development of new and innovative services in partnership.
- We will develop a new approach to our Market Position Statement to make it easier to be kept up to date, and more useful for providers thinking about working in the District.

Partnership working with Health

- We recognise our role in the wider Health and Social Care system and are committed to working in partnership with our colleagues in health services.
- We will continue to develop opportunities for genuinely integrated commissioning, lead provider arrangements and pooled budgets.
- We will work in partnership to together improve quality and performance in services.
- We will take an active role in the Planning and Commissioning Forum and Commissioning Community Practice as ways of embedding information sharing, shared learning and decision making.
- We will engage with the work of the Inequalities Alliance and look at how we can help reduce health and social inequalities faced by people who use services and the staff that deliver them.
- We will refresh and maintain formal mechanisms, such the Section 75 Agreement, for partnership working with Health.

DRAFT

Plans of a page - introduction

The Commissioning Team works within portfolio areas covering:

- Older People, Physical Disabilities and Sensory Impairment
- Learning Disabilities, Autism and Neurodiversity
- Early Help and Prevention, Housing and Homelessness and Carers
- Mental Health

Each part of the team has developed top-level plans for the next 5 years, set out on a page, to describe the main priorities and ambitions for their work, which will be delivered in the ways described above.

Whilst focused within portfolio areas, the Commissioning Team also work as one where priorities overlap, to give support, share learning and build skills. The Commissioning Team will work closely with Contracts and Quality, Procurement and Legal, Operational and Finance colleagues to deliver on our plans.

We will work with other commissioners from Health, Childrens Services and Public Health where we are undertaking joint or integrated commissioning projects.

Services for older people – plan on a page

We currently commission support for over 3,000 older people across the District at cost of £1,218,870 per week. The highest proportion of support is Home Support followed by Residential Care Homes.

The distribution of elderly people in the District is uneven and needs to be factored into how we develop support across the District. Over 20% of the population in Ilkley, Craven, Baildon and Wharfedale are 65 or over, compared to only 5.3% in City ward, 6.5% in Little Horton and 6.6% in Bradford Moor. This also impacts on the workforce available to support people with social care needs. The 65+ population is estimated to grow to 116,800 people by 2041 which will equate to 21% of the population.

At this time, we are working against a back drop of substantial challenges around recruitment and retention of care staff and the perceived value of care. We wish to develop our commissioning offer so we can capitalise on opportunities to work differently with our partners in Health

Over the next 5 years, we want to:

- Co-produce and explore ways to engage Older People meaningfully in our commissioning work earlier in the process, strengthening their voice and impact to shape provision. This will include engagement through community consultation.
- Develop data sets for collection to support the work we are doing, with better use of technology to spot patterns and predict need for both the individual and sector.
- Support the workforce in the District using commissioning to generate opportunities for entry into social care roles and career progression.
- Explore and develop opportunities for more integrated Health and Social Care.
- Commission services that support a safe and timely discharge from hospital.
- Facilitate robust and high quality market provision that meets the needs of the District.

For our accommodation-based services we want to improve our understanding of what the current availability of accommodation is for Older People in Bradford and where there are gaps. We want to expand our offer to ensure individuals have choice and control over where they live as they age, reducing the need for residential care through improved housing options. We will work to achieve a 100% sign-up to the jointly commissioned Provider List within the District. We

will also work with Care Homes so that they, and their residents, are fully linked into the community as much as they wish.

In our communities, we will change our approach to Home Support, so that isn't just a reactive service for personal care but support that proactively promotes an individual's resilience, links to their community, and uses strengths based and community led support. We will continue to work with our colleagues in Health to ensure closer links between social care at home and health care at home, improving and simplifying the support people receive to help them live at home.

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Services for Physically Disabled people and people with Sensory Impairment – plan on a page

The introduction of Physical Disabilities and Sensory Impairment as a specific lead area in the Commissioning portfolio offers an improved opportunity to support this service area.

Our initial ambitions are to review the current offer to service users and identify gaps so that we can build this in to our commissioning plan.

We will:

Establish the PDSI commissioning team with Social Workers, providers and people accessing services, ensuring we are linked in strategically to relevant groups.	Develop a thorough understanding of the service area that can be shared and built on with partners, including number of people affected, spend, distribution, service provision and gaps.	Improve the quality of lives for people in the District living with hearing and or sight loss and Deaf BSL users; making Bradford a Sensory Friendly City in which to live and work.
Facilitate opportunities for people to integrate into their chosen communities (interests or place or both).	Remove barriers of access to services and facilitate inclusion improving choice and control.	Through commissioning develop the market so that there is a range of providers to meet need, including through Direct Payments.
Support the Co-Production Partnership, to ensure that sensory issues and the Joint Sensory Plan are firmly on the agenda.	Collaborate with people with lived experience to enhance the support offer available.	Contribute to the aims of the Joint Sensory Plan.

Services for people with Learning Disabilities – plan on a page

We will recognise people with learning disabilities as equal citizens who can live the lives they wish to lead. *Vision for learning disabilities services in the District*

Our priorities for the next 5 years are:

We will work together with people with learning disabilities to commission services that:

- Ensure that people with learning disabilities get the right support, at the right time, and are supported to live within their own homes and within their own communities.
- Utilise a strengths based approach to support people with learning disabilities to maximise their independence, enjoy choice and control, and achieve their wellbeing goals.
- Meet the outcomes that people with learning disabilities want to achieve in areas of life they have told us are important to them; including support to get an interesting paid job, to organise their own activities close to home, to have their own home and feel safe, and to spend time with friends and develop relationships.
- Uphold people's rights, ensure people are treated with respect and take a person-centred approach to safeguarding practices.
- Ensure that people with learning disabilities are given the opportunity to contribute to service improvements and co-production activities.

We will also work together with our health partners across the health and care system and with people with learning disabilities to reduce health inequalities and ensure that people have access to good healthcare when needed.

We will commission services that:

- Always ensure that reasonable adjustments are made to enable access to mainstream health services and health related activities.
- Work in partnership across the health and care system to facilitate pathways that maximise good health outcomes and independence.
- Provide good quality community-based crisis support options so that people are supported to remain out of hospital whenever possible.
- Ensure appropriate support when in hospital.
- Contribute to national agendas such as [Building the Right Support](#), [STOMP/STAMP](#) (reducing over-medication) and taking action to prevent avoidable deaths ([LeDeR](#)).

Services for neurodiversity – plan on a page

Our vision is to transform the lives of autistic and neurodiverse people in Bradford. We will do this to enable them to live the lives they choose, achieve their personal goals, feel valued and know their voices are heard. *Vision for autism and neurodiversity services in the District*

Our priorities for the next 5 years are:

Improving our understanding

We will respond to the key recommendations of the Autism Act by working together with people with lived experience to commission services that:

- Enhance our understanding of neurodiversity and autistic spectrum conditions by contributing to our objective of improved data collection and analysis that drive the pace of change.
- Contribute to a multi-disciplinary approach to the needs, diagnosis and development of services for people with autism across the integrated health and care system.
- Improve access to the services and support that people with neurodiversity and autistic spectrum conditions need to live independently within the community.
- Support the development of a district wide 5-year Training Plan so that we can upskill our workforce to better understand and meet the needs of people with neurodiversity and autistic spectrum conditions.

Preparation for Adulthood

We will work with our partners, operational teams and with people with lived experience to commission services that offer better support for young adults including high quality information, advice and guidance at key transition points and educational and vocational support for young people with autistic spectrum conditions and neurodiversity.

Employment Support

We will commission services that close the employment gap for autistic and neurodiverse people in Bradford through support for the journey into employment and to stay in work and support for local employers to improve confidence in hiring and supporting autistic and neurodiverse people, and to recognise their skills as an organisational asset.

Health Inequalities

We will work together with our health partners across the health and care system and with people with lived experience to reduce health inequalities and ensure that people with autistic spectrum conditions and neurodiversity have access to good healthcare when needed.

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Services for early help and prevention – plan on a page

Around 6,000 people a year access services that are specifically designed to delivery early help and prevention. These services support people who have care needs, or are likely to have care needs if support was not available and those that need care now to delay or prevent the need for further support. Within this strategy we also recognise that there is a role for all services to act early and work in a preventative way, and so we will work together as a team across all service areas to promote positive approaches to early help and prevention.

We will support a preventative approach by having a focus on people's wellbeing.

We will do that by:

- Improving the quality of information available for people so they can find their own solutions to challenges they face.
- Working with colleagues in the Council and in other organisations to develop a locality approach and access to activities and opportunities.
- Funding community activities that help people connect with each other.
- Identify funding to make buildings more accessible, so that people can join in local activities.
- Developing services that support people to develop confidence and skills and reduce loneliness.
- Supporting people into work.

We will support people to delay or reduce their care and support needs through offering early targeted help.

We will do that by:

- Supporting carers with a range of options.
- Supporting work on falls prevention.
- Investigating options for increasing the number of adapted properties available for people.
- Increasing the options for user led support.

We will support people to minimise the effect of their disability health conditions where people have established or complex health conditions, supporting people to regain skills and manage or reduce need where possible.

We will do that by:

- Supporting work on reablement.
- Offering alternatives to traditional respite.

Housing and Homelessness Support Services – plan on a page

Our aim is to reinvigorate this area of work, moving away from traditional models of support to newer evidence based interventions. We want to:

- Develop a range of options for people. We plan to pilot a housing led approach (similar to Housing First) whereby long term accommodation is available for people and the level of support is varied according to that person's need.
- Ensure we can avoid people having poor health and care needs at a young age because of their experience of rough sleeping. It is likely that this change in provision will mean reducing the amount of hostel accommodation we have and ensuring that where it is provided it is appropriate to the person's needs. It will also mean re-defining floating support so that it is for everyone and not just people with low level needs.
- Ensure all commissioned provision takes a trauma informed approach, managing risk well, targeting support to those people who need it the most and exploring all options to avoid placement breakdown and evictions; with the aim of supporting people to find long term, sustainable solutions that prevent them from repeatedly re-entering services.
- Review our services to determine whether they are culturally appropriate, have a good geographical spread across the district and whether people can access local support in communities.
- Re-develop the partnership structures needed to make sure we are all working together. This will help us to develop a much stronger focus on prevention, working with other Council departments and organisations to support people so that they do not become homeless. As well as improving connections across the different provisions irrespective of who they are commissioned or funded by. We hope working in partnership will mean we can identify and locate funding to further develop services to meet our vision.

Services for Carers – plan on a page

60,000+ unpaid carers in the district.	Nearly $\frac{3}{4}$ of unpaid carers are working age.	13,500 unpaid carers provide 50+ hours of unpaid care each week.	Unpaid carers contribution in time is the equivalent of £1 billion a year.
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We will support the unpaid carers in the District by focusing on the themes of prevention and resilience – commissioning services that provide support to carers before they reach a crisis point and enabling people to continue in their caring role for as long as they wish to.

We will commission services for unpaid carers that:

- ✓ Are well placed to identify people with caring responsibilities and support them in their caring role.
- ✓ Encourage conversations with carers about their situation and skills or services that could help.
- ✓ Make it easier for services to share information to improve support for carers, including carers in groups that are often furthest from support e.g. from BAME communities.
- ✓ Give carers more choice and control over support for their individual health and wellbeing encouraging services to adopt community led support and whole family approaches to supporting carers.
- ✓ Make it easier for carers to look after their health and wellbeing and promote creating carer friendly places in the District.
- ✓ Explore ways to make it easier for carers to continue with activities that they enjoy and to take up new activities.
- ✓ Encourage practical workplace support and changes in culture so that carers can continue to contribute and be rewarded at work.
- ✓ Support carers to make an informed choice about whether to work and to obtain employment if they wish to do so.
- ✓ Support carers to plan for emergencies and to plan for bereavement.
- ✓ Make it simpler to arrange a short break from caring ensuring short breaks are as flexible as possible.
- ✓ Provide straightforward information about different types of assessment and support.
- ✓ Make it much easier to obtain advice and information at an early stage, well before any crisis occurs so that everyone with caring responsibilities will know where to find help and advice including advice on finance and benefits.

Mental Health Services – plan on a page

Our vision is to promote mental wellbeing, resilience and good mental health for everyone in the District. We commission a wide range of home support, supported living and care homes services that support over 500 people in the District with severe and enduring mental health needs.

Over the next 5 years, our focus will be on:

<p>Prevention: working in partnership to tackle the wider determinants of health and health inequalities that can affect people’s mental wellbeing.</p>	<p>Access to information about support: ensuring information is accessible and easy to understand to improve access to support.</p>
<p>Integrated Support: working towards services being joined-up and coordinated to avoid fragmented or duplicated care and meet people’s needs holistically. This includes housing services as well as Public Health, Health and Social Care.</p>	<p>Providing the right support at the right time, right place: particularly during time of transitions. Timely care will take a person-centred approach, focussing on people’s strengths and abilities to ensure long-term improved outcomes.</p>
<p>Provision of personalised & culturally appropriate services: tailored so people’s individual cultural needs and personalised needs will be met.</p>	<p>Giving people an active role in designing support: including through co-productive approaches and ensure good access to advocacy.</p>
<p>Healthy, Happy and at Home: People will be supported to live independently in high quality housing with their own front door.</p>	<p>Supporting people to thrive within communities: services to help people connect with their local communities in meaningful ways to them.</p>
<p>Supporting people to find, remain and thrive in work: service to help people access employment, volunteering, education or training opportunities, to reach their potential and feel valued.</p>	<p>Trauma Informed Services: developing a trauma-informed approach across service provision with changes to environment, culture, and staff attitudes and approach.</p>

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Report of the Act as One Better Births Programme to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 14th July 2022

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Subject: Act as One Better Births Improvement & Transformation Programme

Summary statement: Better Births is one of eight improvement and transformation programmes across Bradford District & Craven. We work collaboratively across sectors and organisations, to achieve our vision: *“Working together to improve experiences and outcomes of the pregnancy and birth journey across Bradford District and Craven”*.

This report will highlight some of the key achievements of the past year and outline our future plans to improve the outcomes for maternity care across our place and reduce disparities in experiences by working as a whole system. It will also cover our place-based response to the Ockenden and MBRRACE-UK report recommendations.

Portfolio:

Healthy People and Places

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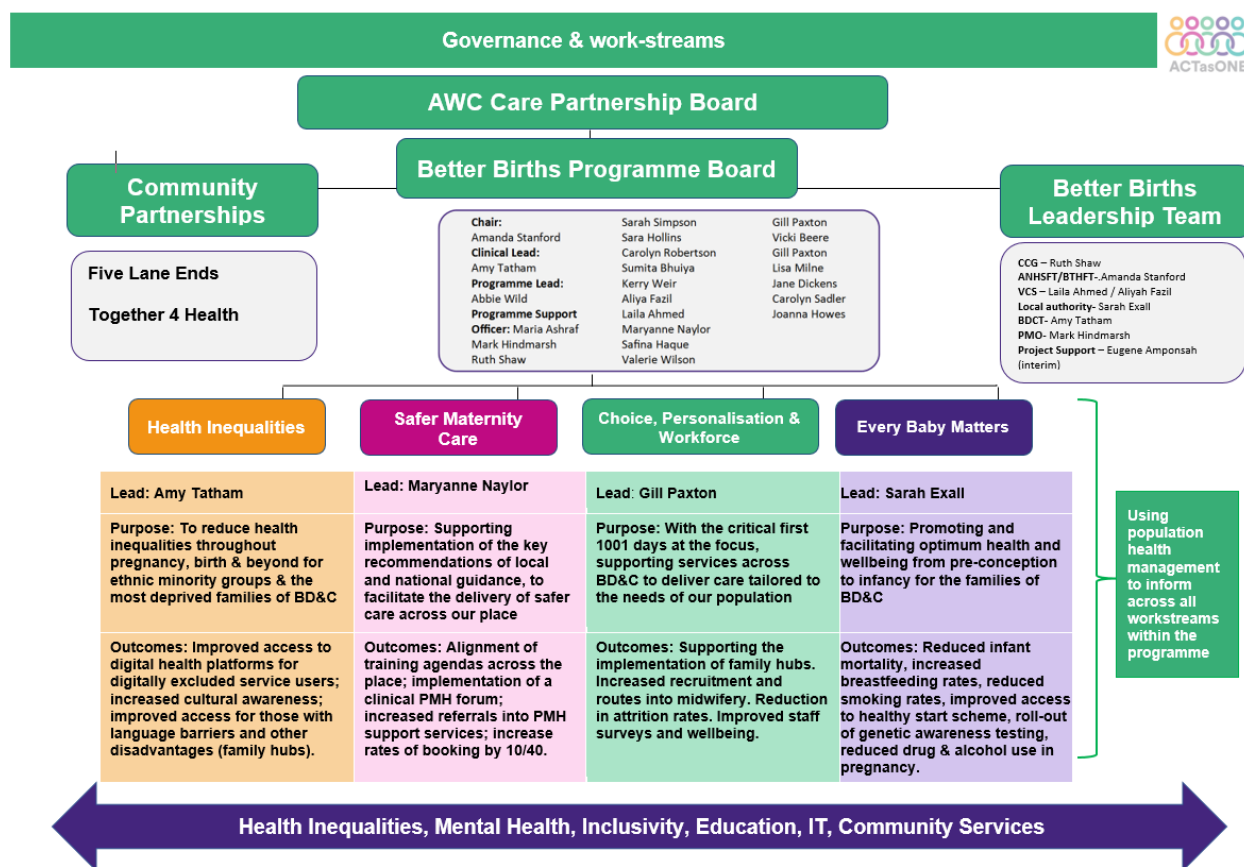
1. Summary

- The Better Births programme comprises of four workstreams, each led by a key representative from across our place. The leads bring a wealth of experience and expertise to the programme. The workstreams aim to address the most important aspects of maternity care, as identified by local and national recommendations including those of Ockenden and MBRRACE-UK.

The workstreams and their respective chairs are as follows:

- **Health Inequalities** – Amy Tatham; GP partner and Associate Clinical Director of Maternity & Women’s Health for Bradford District & Craven
- **Safer Maternity Care** – Maryanne Naylor; Specialist Midwife for Safer Maternity Care, Bradford Teaching Hospitals NHS Foundation Trust (BTHFT).
- **Choice, Personalisation & Workforce** – Gill Paxton; Associate Director of Nursing and Quality, Bradford District & Craven.
- **Every Baby Matters** – Sarah Exall; Public Health Consultant for Children and Young People, Bradford Metropolitan District Council.

- The governance structure and membership of the programme is as follows:



2. Background

- The Better Births improvement and transformation programme was established in 2020, with maternity services being identified as a key priority area by the Health

and Care Partnership Board. Mel Pickup, Chief Executive of BTHFT was a member of the stakeholder council for the NHS England (NHSE) Maternity Transformation Programme when the original Better Births National Maternity Review (2016) was undertaken, so has a keen understanding of the importance of this programme.

- Bradford is the 13th most deprived district of 317 in England. Almost a quarter of children in Bradford are classified as living in poverty. Bradford district has an ethnically diverse population and the largest proportion of people of Pakistani ethnic origin in England. There is a wide variation in the ethnic makeup of the wards across the district, in some cases such as Manningham and Toller “ethnic minority” groups in fact account for the majority (up to 80%) where some are below 10%, for example Ilkley and Wharfedale. Social inequality and ethnicity have a direct link to poor maternal and infant health outcomes. Addressing health inequalities and focussing our efforts on the areas of greatest need are at the forefront of the Better Births programme.
- Some of the key drivers behind the programme include: Infant mortality and stillbirth rates which are significantly higher than the national average, incidence of low birthweight babies significantly worse than the national average, and breastfeeding rates below the national average, as shown in the *table below:

Indicator	Period	Bradford and Craven			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2018 - 20	–	133	5.9	3.9	6.4		1.7
Low birth weight of all babies	2020	➔	550	7.9%	6.9%	9.1%		4.8%
Stillbirth rate	2018 - 20	–	132	5.8	3.9	5.8		1.6
Baby's first feed breastmilk	2018/19	–	4,450	60.0%*	67.4%	41.6%		98.7%

*most current data available on <https://fingertips.phe.org.uk/>

- National recommendations from publications such as the Ockenden report (2020 & 2022) and the MBRRACE-UK report (2021) continuously inform the work of the Better Births programme. Our response to these will be presented in further detail in the next section.

3. Report Issues

Programme highlights and future plans

➤ Ockenden recommendations

In response to the initial [7 key and immediate actions](#) from the Ockenden report (2020), we showcased a place-based response to Ockenden with our ‘Safer Maternity Care’ event. We brought together representatives from across Bradford and Airedale maternity services and the event – featuring Chief Midwifery Officer Jacqueline Dunkley-Bent OBE - attracted over 100 attendees. Further collaboration is planned since the publication of the [final report](#) (2022) and we will be using the 4 key pillars as a framework within the Safer Maternity workstream. These are:

1. Safe staffing levels

- The staffing crisis in maternity is by far the greatest challenge faced by the service. The Royal College of Midwives (2018) report that for every 30 midwives qualifying, 29 leave the profession. The Better Births programme is exploring ways in which we can increase recruitment into midwifery and more importantly, support our maternity workforce to make sure they feel happy and healthy at work.
- We have worked with the [One Workforce Hub](#) website to promote midwifery as a career in the district. We want to attract a home-grown workforce which is representative of the community it serves and have developed a resource which details a variety of routes into the profession alongside testimonials from staff.
- In July we are hosting the “Supporting our Maternity Workforce” event to celebrate, show appreciation and support the maternity workforce. The conference will bring together some of the top experts in the field of maternity staffing and an inspirational speaker, Steve Head. Steve is renowned for the work he has done with the NHS, he helps to build resilience, importance of celebrating success, and how staff can work under pressure in the NHS. Staff will also have the opportunity to have their questions answered by Gill Walton, CEO of the Royal College of Midwives. We hope the event will inspire and enable the exploration of solutions to protect the future of our maternity workforce.

2. A well-trained workforce

- BTHFT and ANHSFT recently worked together to host and attend a Joint Quality and Safety Event, demonstrating a place-based response to Healthcare Safety Investigation Branch (HSIB) investigations across sites.
- Bradford has been chosen as a pilot site for the ‘Every Sleep a Safe Sleep’ training package and we plan to deliver the training across place.
- CTG (fetal monitoring) training has been aligned across both sites and shared learning regularly takes place.
- Further opportunities for shared training have been explored including sharing of faculties, developing high dependency skills and Enhanced Maternal Care (EMC); but current staffing challenges and recent restrictions relating to face-to-face training have delayed progress. However, both trusts have been praised for continuing to offer PROMPT (PRactical Obstetric Multi-Professional Training) throughout the pandemic and current staffing crisis.

3. Learning from incidents

- Regular Joint Quality and Safety Speciality meetings are now held across-site.
- Both trusts attend the West Yorkshire & Harrogate Local Maternity System (LMS) Safer Group where serious incidents are reviewed at a regional level.

Enhanced Safety Risk	Elaine Green, Quality & Safety Lead (AGH) worked with Vicky Jones, Specialist Midwife for Risk & Governance (BRI). Elaine shared how partnership working has supported this key action.
Staff Training & Working Together	Rachel Tabram & Helen Peet, Practice Development Midwives, spoke of plans that have been developed through the Better Births Programme in response to this recommendation.
Maternity Safety Champions	Nadira Mirza, Non-Executive Director for Airedale, described the role of the Maternity Safety Champion and it's importance in ensuring the safest care possible is delivered.
Risk Assessment Throughout Pregnancy	Vicky Jones Specialist Midwife for Risk & Governance (BRI) & Karen Savage, Community Manager (AGH) discussed the importance of risk assessments at every contact.
Monitoring Fetal Wellbeing	Maryanne Naylor & Helen Peet, Fetal Monitoring Leads, showed how they champion best practice and increase safety through collaboration.
Birth Matters Service	Jo Stubbs, Specialist Midwife for Quality, showcased how the Birth Matters debrief service has improved informed choice and personalisation for women.
Informed Consent	Caroline Lamb & Holly Vincent, Specialist Parent Education Midwives, talked about the importance of informed consent and how their parent education service is supporting this for women of all backgrounds.

- The aforementioned Better Births Safer Maternity Event showcased a place-based response to the 7 key and immediate actions from the Ockenden report (2020). We brought together specialists from both trusts to present how they had collaborated in response to Ockenden recommendations – as seen on the left - and consider how we can work together across place going forward.

- We are planning a follow-up event one year on from the first, focussing our efforts around the 4 key pillars detailed in the final Ockenden report (2022) and working together to ensure that all recommendations of the report are addressed.

4. Listening to families

- Service user involvement is paramount to the Better Births programme and we are fortunate to have a close working relationship with the [Bradford and Craven Maternity Voices Partnership](#). (MVP). We have representation from the MVP at our steering group and in several of our workstreams.
- In November 2021, we held 2 community engagement events in collaboration with the MVP and VCS organisations. There was a focus on inviting representatives from seldom heard communities. With information stalls, workshops and presentations from the MVP chair, Airedale and Bradford Maternity teams, this was an opportunity for local parents to meet with maternity

care providers and share their voices around maternity experiences. The events were attended by Roma, Slovakian, Polish, Pakistani, Bangladeshi and White families. A wealth of insight was gathered to feed back into maternity services and to inform ongoing and future work in the programme.

- Following these events, we have planned further community engagement with the Polish community, due to anxieties being raised regarding their experience of maternity care in England owing to the differences between that in their home country.
- [15 Steps Reviews](#) have been carried out across both sites enabling the voice of our families to be heard and important changes to be made to improve experiences of care.
- Non-Executive Director Maternity Safety Champions are in place across both sites. Their role as explained by NHSE: “Maternity safety champions work at every level – trust, regional and national – and across regional, organisational and service boundaries. They develop strong partnerships, can promote the professional cultures needed to deliver better care, and play a central role in ensuring that mothers and babies continue to receive the safest care possible by adopting best practice.”
- Alongside the MVP, the Better Births programme also benefits from working closely with the widely celebrated [Bradford Doulas](#) and we are involved in discussions regarding the expansion of the programme to benefit more of our community.

➤ **MBRRACE-UK Recommendations**

The recent MBRRACE (Mothers and Babies Reducing Risk Through Audit and Confidential Enquiries across the UK) report (2021) highlighted perinatal mental health and health inequalities as leading contributory factors for maternal death. Both are key areas of focus for the Better Births programme.

➤ **Perinatal Mental Health**

Nationally, maternal suicide is the leading cause of pregnancy related death in the first year following childbirth. In April 2021, a cross-sector Perinatal Mental Health event was held by Better Births. Key professionals and a wide range of stakeholders from across the district came together and a series of actions were identified. One of which was to develop a Perinatal Mental Health resource for staff including an at-a-glance referral pathway & services directory:

- The above resource was developed in collaboration with partners across the district and 630 have been distributed to midwives, health visitors and voluntary sector organisations.
- This resource has also been adapted as a resource for women and families. Alongside the services directory, this aims to encourage access to support and reducing stigma. We distributed 1000 of these during Maternal Mental Health Week in May along with ‘goody bags’ for pregnant women and new parents attending the maternity units. The services directory has also been made available on the [Healthy Minds](#) website.
- Another ask from the event was for a PMH clinical forum to be set up. The ‘PMH Learning Collective’ was established in October 2021 and provides an opportunity for all staff delivering maternity care from pre-conception through to infancy to come together, share learning & best practice regarding perinatal mental health.

➤ **Reducing Inequalities**

- The health inequalities agenda is particularly pertinent to our district, with the high percentage of births to black and minority ethnic groups – 40.2% which is almost double that of the England average, as illustrated below:

Indicator	Period	Bradford and Craven			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups	2020/21	-	2,620	40.2%	21.7%	1.9%		62.4%

- As well as being a standalone workstream, the health inequalities agenda spans all of the work throughout the programme. In March 2022, we held the ‘Reducing Inequalities in Maternity’ event. This was attended by around 100 people and brought national experts to our district as part of efforts to reduce inequalities affecting maternity care. We produced a [highlight reel](#) which captures what an inspiring and thought-provoking event it was. This and the [full video](#) of the event have been viewed by a further 160 people to date, at the time of writing this report.

Perinatal Mental Health Referral Pathways: at-a-glance

- 1 IAPT/GP (My Wellbeing College)**
Talking therapies for a range of mental health concerns. Women can self-refer into the service by contacting their GP or by using the details below.
0300 455 5551
mweconline@bdcct.nhs.uk
mywellbeingcollege.nhs.uk
- 2 SMABS (Specialist Mother & Baby Service)**
Health professionals can call the Single Point of Access (SPOA) line for advice or referrals, or use the referral form which can be found on the website.
01774 221156 (SPOA)
perinatal.van@bradford.nhs.uk
best.nhs.uk/services/perinatal-mother-and-baby-service/nhs.uk
- 3 1st RESPONSE**
Crisis support available 24/7. Women can call the service for themselves or a call can be made by a friend, carer or relative.
0800 952 1181
first.response@nhs.uk
nhs.uk/services/1st-response

➡ Consider : Support services + Consider : Safeguarding Referral ←

1 Mild - Moderate
Any low-moderate level:
- Anxiety / depression
- OCD
- Panic disorder
- Phobia / trauma

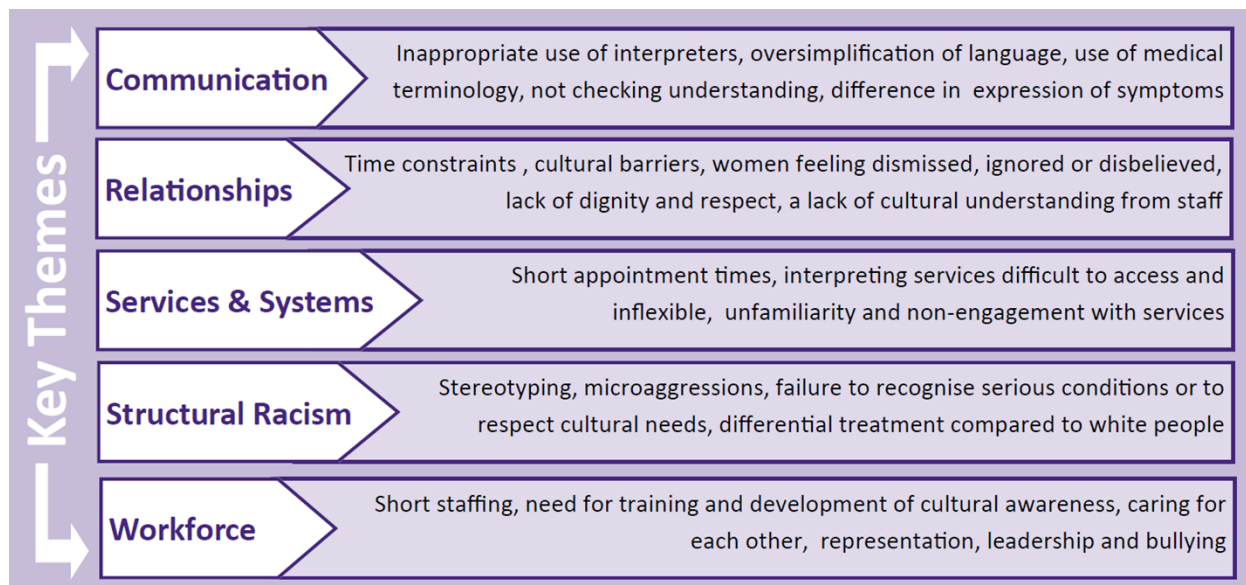
2 Severe
- Bipolar
- Schizophrenia
- Previous psychosis
- Severe trauma / phobia

3 Urgent
- Red Flags: Suicidal thoughts, recent change in presentation or emergence of new symptoms, feelings of guilt / inadequacy, detachment / estrangement from newborn, suspected psychosis

Support Services
For mental health through pregnancy, birth & beyond in Bradford District and Craven.
*Contact individual organisations for information on what they are covered.

- MyWellbeing College**: Talking therapies for a range of mental health concerns. 0300 455 5551, mweconline@bdcct.nhs.uk, mywellbeingcollege.nhs.uk
- perinatal support service**: Peer support for mums with anxiety / low mood in pregnancy & postnatally. 01774 221156 / 07966 929848, perinatal.support@bradford.nhs.uk, betterstartbradford.org.uk
- Family Line**: Practical family support via phone, text or email. 0800 502 8660 / 07537 044282, familyline@family-action.org.uk, family-action.org.uk
- Roshni Ghaur**: Culturally adapted mental health support for South Asian women. 01534 838927, info@roshnighar.org.uk, roshnighar.org.uk
- Bradford Doujas**: Practical & emotional support before, during and after birth. 01774 222023, info@bradforddoujas.org.uk, betterstartbradford.org.uk
- ACTasONE**: Practical support for families experiencing difficulties. 01774 896711, info@actasonebradford.co.uk, home@actasone.co.uk
- NSPCC (Pregnancy in Mind)**: For parents at risk of or suffering from anxiety / depression in pregnancy. 01774 391440, nspcc.org.uk
- project 6**: Specialist support for substance misuse during pregnancy. 01534 216100, info@project6.org.uk, project6.org.uk
- Little Minds Matter & SEADs**: Specialist support for Infant Mental Health, bonding, attachment & trauma. 01774 281260 / 07726 566107, littlemindsmatter@bdcct.nhs.uk, betterstartbradford.org.uk
- bridge**: Specialist support for parents experiencing drug / alcohol misuse and see notices. 01774 748625, info@bridgeproject.org.uk, thebridgeproject.org.uk

- Key themes were identified through this event to inform the health inequalities workstream:



- Initial steps in response to these key findings include a focus on improvement of interpreting services and the implementation of cultural competency training to be delivered at place with a multi-organisational, cross-sector approach.
- BTHFT has a well-established Continuity of Carer (CoC) team; the Acorn Team, caring for the most vulnerable families in the city, including refugees, asylum seekers and minority ethnic communities in the city centre. Learning from the establishment of this team has been shared with ANHSFT whose equivalent Poppy Team was unfortunately disbanded due to the staffing crisis. Both trusts are working closely with the LMS and the national team to ensure that the building blocks are in place for implementation of CoC. The national CoC lead, Trixie McAree will be speaking at our workforce event in July.

➤ Access to Maternity Care

- The MBRRACE-UK report recognises the need for preconceptual and early access to maternity care to ensure optimal health advice, education and personalised care planning.
- The lack of available venues in the community to provide maternity care has been highlighted to the Better Births programme. By working with the family hub managers across the district, we have facilitated community midwifery clinics being held in locations which are easily accessible for families. This has placed us in an advantageous position with Bradford being announced as one of the 75 local authorities to be receiving a share of £302 million to develop family hubs. Having maternity care delivered in the hubs is one of the minimum expectations of the family hub offer, which we have already achieved in many localities. The

work we have done has strengthened relationships and communication between maternity services and public health colleagues in prevention and early help services. Collaboration with the Start for Life programme and participation on the operational group has ensured that district priorities are addressed through partnership working.

- We are also working to ensure that women access maternity care in a timely manner, to ensure that important health and lifestyle advice, access to screening and healthy start vitamins are received by 10 weeks of pregnancy. Current data shows that Bradford falls far short of the LMS threshold:



- We are exploring ways to increase self-referral into maternity services at the earliest opportunity including a text messaging campaign via GP surgeries, working with local pharmacies and supermarkets to display information with a QR code to direct people to the online self-referral form and with local public transport companies.



➤ **Maternity Circles**

- One stark finding from the community engagement events we held was how isolated pregnant women and new parents are feeling. Attendees voiced a lack of social support networks and feeling unsure about where to go to access a range of maternity related services.
- The Maternity Circles idea was born out of the community engagement events, and in collaboration with 2 local community partnerships, we are planning to implement pilot projects. The vision is to offer a safe and supportive space for pregnant women and new parents to come together, access peer support and receive signposting to a range of services such as breastfeeding, smoking cessation, perinatal and infant mental health, domestic abuse, digital inclusion and more. We also plan to incorporate the important ongoing work regarding genetic awareness into relevant communities, enhancing genetic literacy to empower families to make informed choices about their genetic risk and access to available services.
- The Better Births programme has been paired with Together 4 Health and Five Lane Community partnerships, due to poor maternal and infant health outcomes in their locality. It is hoped that through the Maternity Circles initiative, important health messages can be delivered directly into the heart of the communities with the greatest need and families will be able to access much needed support and services to improve outcomes. For example, smoking cessation. Smoking in pregnancy is the leading modifiable risk factor for poor outcomes including stillbirth, pre-term birth and infant mortality.



- Ongoing work to address the above smoking rates include collaboration with [Reducing Inequalities in Communities](#) to train maternity support workers to deliver an in-house smoking cessation service direct to women and the implementation of smoke-free champions.

➤ **Breastfeeding rates**

- Another priority area it is hoped the maternity circles initiative can influence is breastfeeding rates. According to Unicef (2018) increasing breastfeeding rates would have a profoundly positive impact on child and long-term health, reducing disease and health inequalities.
- The UK have some of the lowest breastfeeding rates in the world and our district falls short of the national average:



- A new breastfeeding service has been developed combining the strategic vision with the community service. The aim is to combine the effective implementation of the breastfeeding strategy and the offer of personalised breastfeeding support, with direct well-planned support for women that need additional support to meet their feeding goals. The Every Baby Matters workstream has allowed for partners to develop a service that fits within the wider pathway of support from maternity services and 0-19 services. The new providers will bring experience of delivering peer support and a well-developed knowledge of building community capacity, incorporating both to ensure the service offered is targeted to areas of the district with greatest need and is accessible to all parts of the community.

➤ **Contribution to District Policy and Priorities**

There are several district policies which help to inform the priorities of the Better Births Programme:

- Bradford District Plan
- Bradford children and young people interim plan
- Bradford ACEs, trauma and resilience strategy
- UNICEF child friendly district

Child Death Overview Panel (CDOP)

- we are strengthening the dissemination of learning from CDOP cases, we are also working with the Coroner to develop a robust process to ensure learning from deaths is shared / enacted upon.

We are also fortunate to have adopted the Every Baby Matters workstream into our umbrella of work. This workstream was a well-established programme of work prior to the inception of the Better Births programme, when it was evident that the work happening in Every Baby Matters and its' associated subgroups aligns perfectly with Better Births, whose priorities parallel those detailed in the [Every Baby Matters report \(2019\)](#):

- Reducing infant mortality rates
- Focussing service improvements in areas of deprivation; low income families and those from minority ethnic communities
- Health & nutrition of pregnant and pre-conceptual women
- Health and nutrition of infants
- Ensure equal access to health care for women & families
- Improve social & emotional support for women & families, especially those who are socially disadvantaged
- Improve outcomes for those suffering with perinatal mental health concerns
- Reduce the rates of smoking in pregnancy and parenthood
- Reduce alcohol and non-prescribed drug use in pregnancy
- Increase community understanding of inherited genetic conditions in relation to infant mortality and poor outcomes.

➤ Conclusion

The priorities of the Better Births programme are continuously informed by national recommendations such as those of the Ockenden and MBRRACE-UK reports, alongside district priorities set out by our partners in public health.

Responding to the needs of our unique community is at the heart of what we do. Having the involvement of the MVP and regular community engagement ensures that the work we do is tailored to meet the specific requirements of local people in Bradford District & Craven.

Adopting the 'Act as One' approach we will continue to work closely with all sectors and organisations across the district to address the most important priorities: "Working together to improve experiences and outcomes of the pregnancy and birth journey across Bradford District and Craven".

4. Options

- 4.1 Members may wish to comment on any aspect of the report

5.1 **Recommendations**

5.1 That Members comment on and note the report

6. **Background documents**

None

7. **Not for publication documents**

None

8. **Appendices**

None

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Report of the Interim City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 14 July 2022

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Subject: Health and Social Care Overview and Scrutiny Committee Draft Work Programme 2022/23

Summary statement:

This report presents a draft work programme 2022/23 for adoption by the Committee

Portfolio:

Healthy People and Places

Report Contact: Caroline Coombes

Phone: (01274) 432313

E-mail:

caroline.coombes@bradford.gov.uk

1. Summary

- 1.1 This report presents a draft work programme 2022/23 for adoption by the Committee.

2. Background

- 2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. Report issues

- 3.1 **Appendix A** of this report presents a draft work programme 2022/23. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over coming year.
- 3.2. Best practice published by the Centre for Public Scrutiny suggests that ‘work programming should be a continuous process’¹. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee’s work programme be regularly reviewed by Members throughout the municipal year.

4. Options

- 4.1 Members may wish to amend and / or comment on the draft work programme at **Appendix A**.

5. Contribution to corporate priorities

- 5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2022/23 reflects the priority outcomes of the Council Plan, in particular, ‘Better Health, Better Lives’ and ‘Living with Covid-19’². It also reflects the guiding principals of the Joint Health and Wellbeing Strategy for Bradford and Airedale ‘Connecting people and place for better health and wellbeing’.

6. Recommendations

- 6.1 That the Committee notes the information in **Appendix A** and that it, along with any amendments or additions is adopted as the Committee’s Work Programme 2022/23.
- 6.2 That the Work Programme 2022/23 continues to be regularly reviewed during the year.

¹ Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny

² Our Council Plan: Priorities and Principles 2021-25 <https://www.bradford.gov.uk/councilplan>

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Draft Health and Social Care Overview and Scrutiny Committee work programme 2022/23

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Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 23rd June 2022 at City Hall, Bradford			
Chair's briefing 08/06/22. Report deadline 13/06/22			
1) 0-19 Public Health Children's Service - £2m contract report		Report contact: Liz Barry	
2) West Yorkshire Joint Health Overview and Scrutiny Committee	The Committee to nominate two members from within its membership to sit on the West Yorkshire Joint HOSC	Caroline Coombes	
Thursday, 14th July 2022 at City Hall, Bradford			
Chair's briefing 28/06/22. Report deadline 04/07/22			
1) Adult Services 5 year commissioning strategy	Draft strategy for comment and discussion	Holly Watson	
2) Better Births	Update on Better Births, one of the priority Act as One transformation programmes	Mark Hindmarsh / Amanda Stanford / Abbie Wild	Postponed from Feb 2022. Include Ockenden Review
3) Work programme 2022/23	Draft work programme for adoption	Caroline Coombes	
Wednesday, 14th September 2022 at City Hall, Bradford			
Chair's briefing 31/08/22. Report deadline 02/09/22			
1) £2m contract report: 50 bedded resources centre in Saltaire		Contact: Darren Hindle	
2) Carers Services	Provisional date to take account of tendering timeline. To include information on safeguarding and LGBTQ+ issues	Tony Sheeky	Resolution of 16 Dec 21
3) 0-19 Children's Public Health Service	Update on the re-procurement of the service	Liz Barry	Resolution of 23 June 2022
Thursday, 6th October 2022 at City Hall, Bradford			
Chair's briefing 28/09/22. Report deadline 03/10/22			
1) Keighley Healthcare Estate	To include an update on Shipley Hospital (TBC)	Robert Madden	

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 6th October 2022 at City Hall, Bradford Chair's briefing 28/09/22. Report deadline 03/10/22 2) Primary Care 3) Home Support Locality Contract	Annual Update Update plus input into the full system-wide review of Home Support	Parveen Akhtar Alex Lorrison	Resolution of 21 Oct 2022 Resolution of 23 Sept 2021
Thursday, 24th November 2022 at City Hall, Bradford Chair's briefing 09/11/22. Report deadline 14/11/22 1) Re-imagining day services 2) Implementation of 'host commissioner' arrangements	To include information on the co-production partnership and people with lived experience be invited to attend TBC	Julie Robinson-Joyce Iain Macbeath / Michelle Turner	Resolution of 18 Nov 21 Resolution of 21 October 2021
Thursday, 15th December 2022 at City Hall, Bradford Chair's briefing 29/11/22. Report deadline 05/12/22 1) Mental wellbeing 2) Cancer	To include information on the reviews of IAPT and older people Outcomes of the lung cancer pilot programme and update on cancer waiting times target performance	Sarah Exall / Kris Farnell Janet Hargreaves	Resolution of 16 Dec 21 Resolution of 13 June 2019 (postponed from April 2020)
Thursday, 19th January 2023 at City Hall, Bradford Chair's briefing 05/01/23. Report deadline 09/01/23 1) Cap on care costs / contributions policy	TBC	Jane Wood	Care Act 2014 allowed for a cap on care costs but implementation was postponed. Amended by the Health and Care Act 2022 and now expected to be implemented in 2023
Thursday, 16th February 2023 at City Hall, Bradford Chair's briefing 01/02/23. Report deadline 06/02/23 1) Respiratory Health in Bradford District	Update	Public Health	Resolution of 22 November 2018 to have an update in 2 years

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 16th February 2023 at City Hall, Bradford Chair's briefing 01/02/23. Report deadline 06/02/23			
2) Safeguarding Adults Strategic Plan and Multi-Agency Safeguarding Hub	Update	TBC	Resolution of 6 September 2018
3) 0-19 Children's Public Health Services	Update on performance with Bradford District Care Trust	Contact: Liz Barry	Resolution of 23 June 2022
Thursday, 23rd March 2023 at City Hall, Bradford Chair's briefing 08/03/23. Report deadline 13/03/23			
1) Adult Autism	The Committee has resolved its expectation that 80% (256) of the projected number of assessments will have been delivered by March 2023. Report to also include a plan to ensure the sustainability and continued improvement of the service	Ali Jan Haider	Resolution of 17 March 22

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